CHILD CARE VERIFICATION

DCSS 9069 (08/16/04)

| APPLICANT NAME: | l am the | Custodial Party | Noncustodial Parent |
|---|--|---------------------------------------|---|
| | n to your childcare provider receipts or copies of cancel | | e you return it to the local child d care. |
| | Please complete the approvide child care. Then sign ar | | for the children of the above named of this form. |
| SECTION : INFANT & PRE | SCHOOL CHILD(REN) | | |
| Name of Provider/Day Care Center | | | |
| • | | | |
| City | State | Zip | Phone () |
| | • | | |
| | | | |
| Name of the child(ren) of this parent f | or whom you provide care and the amo | | |
| Child | | Amount \$ | (Circle One) per day/week/month |
| | | | |
| | | | |
| | | | per day/week/month |
| SECTION II: SCHOOL-AGE | CHILD(REN) | | |
| A. Child care provided duri | ng regular school sessions: | | |
| Name of Provider/Day Care Center _ | | | |
| Address | | | Apt. or Unit No. |
| City | State | Zip | Phone () |
| Name of a person(s) who pays you fo | or childcare | · · · · · · · · · · · · · · · · · · · | |
| Name of the child(ren) of this parent | for whom you provide care and the am | ount you receive. | |
| Child | | Amount \$ | (Circle One)per day/week/month |
| • | | | |
| | | | • |
| | <u> </u> | · | |

| Name of Provider/Day Care Center | | |
|--------------------------------------|--|-----------------------------------|
| Address | | |
| City | State Zip | Phone () |
| √ame of a person(s) who pays you for | childcare | |
| | whom you provide care and the amount you receive | |
| Child | Amount \$ | |
| Child | Amount \$ | per day/week/month |
| Child | Amount \$ | per day/week/month |
| | Total: \$ | per day/week/month |
| | | |
| • | of perjury under the laws of the S | State of California that the fore |
| SIGNATURE | | DATE |